OFFICE HOURS: 8:00 am – 2:00 pm M – F, EXCEPT HOLIDAYS

PHONE: 587-3112 or www.state.hi.us/hcjdc

STATE ID CARD

<u>REQUIREMENTS AND PROCEDURES</u> (PLEASE READ COMPLETELY AND CAREFULLY)

- 1. COMPLETE APPLICATION ITEMS 1 THROUGH 10.
- 2. AN ORIGINAL SOCIAL SECURITY CARD IS REQUIRED OF ALL ELIGIBLE APPLICANTS.
- PRESENT ALL DOCUMENTS REQUIRED. AS NOTED IN SECTIONS A THROUGH D BELOW.
- 4. <u>ALL DOCUMENTS MUST BE CERTIFIED</u>. ALTERED, DAMAGED, XEROXED OR ILLEGIBLE DOCUMENTS <u>WILL NOT BE ACCEPTED</u>.
- 5. APPLICANTS UNDER 14 YEARS OF AGE OR INCAPACITATED PARENT/GUARDIAN SIGNATURE REQUIRED. **IF APPLICABLE, PROOF OF GUARDIANSHIP REQUIRED.
- 6. NAMES MUST BE SPELLED THE SAME ON THE DOCUMENTS.
- 7. NO ALIAS NAMES WILL BE ALLOWED.
- 8. FEE: \$15.00 IN CASH OR \$10.00 IN CASH FOR THOSE AGES 65 AND OVER.

SECTION A. <u>UNITED STATES CITIZEN</u>

- 1. ONE OF THE FOLLOWING:
 - A. BIRTH CERTIFICATE (CERTIFIED) ISSUED BY HEALTH DEPT. OF THE STATE WHERE YOU WERE BORN.
 - B. CERTIFICATE FOR CHILD BORN ABROAD TO AMERICAN PARENT(S).
 - C. CERTIFICATE OF CITIZENSHIP OR NATURALIZATION (NEW CITIZEN).
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION B. UNITED STATES NATIONAL

- 1. BIRTH CERTIFICATE WITH CERTIFICATE OF IDENTITY.
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION C. NON UNITED STATES CITIZEN

- 1. ONE OF THE FOLLOWING:
 - A. ALIEN RESIDENT CARD ISSUED BY U.S. IMMIGRATION AND NATURALIZATION OFFICE.
 - B. FOREIGN PASSPORT UNEXPIRED PASSPORT ISSUED BY YOUR COUNTRY WITH VALID VISA, FOREIGN STUDENTS ALSO NEED I-20/FORM IAP. LETTER FROM INS WITH INTERVIEW DATE FOR FILING FORM I-485.
 - C. 1-94 REFUGEE.
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION D. ADDITIONAL SUPPLEMENTARY DOCUMENTS

- 1. MARRIAGE LICENSE/CERTIFICATE ISSUED BY DEPT. OF HEALTH OF STATE WHERE YOU WERE MARRIED. CHURCH AND JUDGE CERTIFICATES WILL NOT BE ACCEPTED.
- 2. DIVORCE DECREE RESUMPTION OF SURNAME BY COURT.
- DECREE OF LEGAL ADOPTION.
- 4. DECREE OF LEGAL CHANGE OF NAME.
- 5. MARRIAGE ANNULMENT.
- 6. SEX CHANGE CERTIFIED DOCUMENT BY A PARTICIPATING DOCTOR (OR) CERTIFIED AMENDED BIRTH CERTIFICATE.

WE RESERVE THE RIGHT TO REFUSE TO ISSUE AN ID CARD TO ANY PERSON WHO DOES NOT COMPLY WITH THESE REQUIREMENTS.

WARNING! GIVING FALSE INFORMATION IS PUNISHABLE BY A FINE OF \$500 AND/OR 6 MONTHS IN JAIL SENTENCE OR BOTH

State of Hawaii Department of the Attorney General STATE ID CARD APPLICATION

1. SSN: ______ DO YOU WANT SSN DISPLAYED ON THE CARD? ____YES ____NO

PLEASE PRINT LEGIBLY

2.	Current Name							
			Middle			Last		
	Staff Comment							
3.	Permanent Address			(24.)				
	(May be required to show	proof) (Street)	(Apt.#)	(City)		(State/Co	untry)	(Zip)
4.	Phone No.:			1	Age:			
5.	Marital Status:	Single	Married Divorced			Widowed		
6.	Date of Birth		Place of Birth					
	(Month) (Day) (Year)		(City)			(State)		(Country)
7.	Hair Color	Eye Color	H	leight	_ Weight _		Sex: M	F
8.	Citizenship Employer/School							
9.	In Case of Accident, Death, or Emergency, Notify:							
	Name	•	Relationship					
	Address(Street)		(City)			(State/Country)		(Zip)
10.	Organ Donor: Yes	No	_	Adv. He	alth-Care: Y	es	No	
	WARNING: GI	IVING FALSE INFO	RMATION IS I	PUNISHABLE	BY A FINE	OF NOT M	IORE THAN	N \$500
		OR 6-MONTH JA	AIL SENTENC	E OR BOTH (S	SECTION 84	6-36 HRS)		
	knowledge that the information of SS							
	fication. Disclosure of SS urity Office to release info				to confirm ide	пину от аррис	ant. Tauthoriz	te the Social
Signature Consent			Consent Paren	rent/Guardian of Applicant who is below 14 years of age or is incapacitated			Date	
			FOR STAI	FF USE ONL	<u>Y</u>			
	SID NO	ID Status: C)	D	Last Issued	ID		
BC				PP	ID EXP			
	MC/DIV			AR				
]	Notes							
	Registrar			W		Impersonator	: Y	N
	1 2-74 Rev. 2-03					•		